

December 30, 2015

Montana Healthcare Programs Notice

Pharmacy Providers

Effective January 1, 2016

Montana HELP Plan

Effective January 1, 2016, coverage begins for individuals who qualify under the Montana Health and Economic Livelihood Partnership (HELP) Plan. The Montana HELP Plan includes a prescription drug benefit that will be administered by Xerox State Healthcare, LLC.

Pharmacy providers will use the same BIN, PCN, and Group numbers to submit claims for the Montana HELP Plan as used for the Medicaid and HMK programs. All edits, preferred drugs, and prior authorization procedures remain unchanged.

Payment Information

Payer Name	Montana Medicaid
Plan Name/Group Name	Montana HELP Plan
BIN	610084
PCN	DRMTPROD
Group ID	1509040
Cardholder ID	Use the members 7-digit ID number

Cost Share Changes

In addition to implementing the Montana HELP Plan, the Department has made some modifications to cost sharing. For all Medicaid and HELP Plan members, cost share is calculated as 5% of the Medicaid allowed amount with a minimum of \$1.00 and a maximum of \$4.00 per prescription. Members are responsible for cost sharing for prescriptions up to a maximum of \$24 per month.

For HELP Plan members, the cost sharing is as follows:

- Preferred brands: \$4
- Non-preferred brands and brands not on the PDL: \$8
- No monthly cap
- Cost share exemption on generics and select therapeutic drug classes

For all members the following exemptions still apply

- Clozaril, all strengths
- Family planning prescriptions
- Compounded prescriptions for infusion therapy
- Tobacco cessation products
- Members under 21 years of age
- Pregnant women (until end of postpartum, which begins on the last day of pregnancy and ends at the end of the month in which 60 days have passed)
- Nursing facility residents
- Members with third party liability (TPL) when Medicaid is the secondary payer
- American Indians and Alaska Natives who have ever been treated at an IHS, Tribal, or Urban facility or through referral under contract health services with appropriate documentation

Contact Information

If you have any questions regarding this provider notice, please contact Dave Campana, R.Ph., at 406-444-5951 or dcampana@mt.gov, or Katie Hawkins at 406-444-2738 or khawkins@mt.gov.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Montana Healthcare Programs Provider Information website at <http://medicaidprovider.mt.gov/>.